

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

Form Approved
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION

TRANSMITTAL NUMBER

92-01

STATE

California

PROGRAM IDENTIFICATION

Medicaid

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

PROPOSED EFFECTIVE DATE

January 1, 1992

TYPE OF PLAN MATERIAL (Check One)

☐

NEW STATE PLAN

☐

AMENDMENT TO BE CONSIDERED AS NEW PLAN

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AMENDMENT

COMPLETE NEXT 4 BLOCKS IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

FEDERAL REGULATION CITATION

NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 1

NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT

Attachment 4.19-B Page 1

SUBJECT OF AMENDMENT

EPSDT reimbursement methodologies.

GOVERNOR'S REVIEW (Check One)

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GOVERNOR'S OFFICE REPORTED NO COMMENT

☐

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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OTHER, AS SPECIFIED:

The Governor's office does
not wish to review State Pl
Amendments.

SIGNATURE OF STATE AGENCY OFFICIAL

Jose Fernandez

TYPED NAME:

Jose Fernandez

TITLE:

Deputy Director
Medical Care Services

DATE:

2-28-92

RETURN TO:

Sandra Capetillo
State Plan Coordinator
Department of Health Services
714 P St. Rm. 1650
Sacramento, CA. 95814

FOR REGIONAL OFFICE USE ONLY

DATE RECEIVED

March 4, 1992

DATE APPROVED

June 6, 2001

PLAN APPROVED - ONE COPY ATTACHED

EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 1992

SIGNATURE OF REGIONAL OFFICIAL

Linda Minamoto

TYPED NAME:

Linda Minamoto

TITLE:

Associate Regional Administrator
Division of Medicaid

REMARKS:

STATE PLAN UNDER TITLE XIX OF SOCIAL SECURITY ACT

STATE California

REIMBURSEMENT LIMITS FOR PROFESSIONAL SERVICES

The policy of the State Agency is that reimbursement for each of the other types of care or service listed in Section 1905(a) of the Act that are included in the program under the plan will be at the lesser of usual charges or the limits specified in the California Code of Regulations (CCR) Title 22, Division 3, Chapter 3, Article 7 (commencing with Section 51501) and CCR, Title 17, Chapter 4, Subchapter 13, Sections 6800-6874, for EPSDT health assessment services.

The methodology utilized by the State Agency in establishing payment rates will be as follows:

- (a) The development of an evidentiary base or rate study resulting in the determination of a proposed rate.
- (b) The presentation of the proposed rate at public hearing to gather public input to the rate determination process.
- (c) The determination of a payment rate based on a evidentiary base including pertinent input from the public hearing process.
- (d) The establishment of the payment rates through the State Agency's adoption of regulations specifying such rates in the CCR, Title 22, Division 3, Chapter 3, Article 7 (commencing with Section 51501), and CCR, Title 17, Chapter 4, Subchapter 13, commencing with Section 6868, Schedule of Maximum Allowances for EPSDT health assessment services.

TN No. 92-01
Supersedes
TN No. 82-10

Approval Date JUN 6 2001 Effective Date January 1, 1992